

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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49						
50						
TOTAL IND.	5		↓		↓	
TOTAL DEP.	24		↔		↔	
TOTAL CLAIMS	34					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		↔		↔
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS